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Communications.

INDICATIONS FROM THE RAPID AND RETARDED COOLING OF THE CADAVER.

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[Read before the Albany County Medical Society.]

A lady from a distant part of the State came to this city to be treated for some dropsical affection. A few days after she died very suddenly, and the immediate cause of death was not understood.

The body was laid out in a cold room, with the usual covering of sheet and shroud. Ten hours later the warmth of the cadaver aroused suspicions of life, and I was sent for to attempt resuscitation. The body was nearly of the warmth of life, in a room of the temperature of 64°. Faint marks of discoloration had begun along the neck and axillary regions. The absence of all other indications forbade interference, and another physician was called. Effort was made with a battery and other appliances, which proved futile, and nearly thirty hours elapsed before the body became cold.

A drunken man, of full, plethoric habits, fell from a stoop and broke his neck, and when I saw him, about twenty minutes later, coldness and rigidity had become complete.

These two cases are presented as examples, frequently occurring, and often taxing the science and skill of the physician to the utmost to give satisfactory explanation to a jury or to friends. Continued heat in the cadaver always creates suspicions of life, and the physician is the sole arbitrator. A grouping of some of the facts and indications which have been noticed in these post-mortem changes, may be of interest, if not altogether new.

Beginning with the well known fact that living bodies retain a certain degree of temperature, subject to slight variations, in all extremes of heat and cold, climate and season, controlled by physiological and psychological laws, we come to the cadaver, where other and opposite conditions, purely physical, exist. The body has lost its physiological vital forces, and become a mass of matter changing with the surroundings, radiating heat and cold as freely as other substances. The event of death inaugurates new conditions and circumstances, marked by coldness, immobility and frigidity.

The gradual cooling of the body from the death point, extending over a period of from six to eight hours, is a physiological fact very commonly observed. But the sudden withdrawal of temperature, immediately after death, and in many cases before, or the continuance of warmth after dissolution, from ten to forty hours, often several degrees higher than in health, are exceptions, so marked as to indicate the presence of some chemico-physiological laws which we are yet to discover. Physiologically the slaughter house furnishes many significant facts. Animals are usually killed from six to fourteen hours before offered for sale; depending upon the season, and the rapidity with which they can be cooled. Should meat be wanted in an emergency, the leanest animals, and those fasting for twenty-four hours, are selected, because they are found to cool most

rapidly. Animals that are very fat must be bled thoroughly, and require much time to cool. Also animals that are killed suddenly and without excitement cool sooner than those which become alarmed and excited before death. The more quiet and sudden death comes, the quicker the cooling. These facts may be stated, viz: That lean bodies, thoroughly drained of blood, dying suddenly, cool most rapidly. Plethoric, over fed animals, killed slowly, bled imperfectly, retain heat a long time. It has been observed that sudden and violent hemorrhages often lower the temperature of the body before death, so much so, that life is supposed to be extinct in advance of the real event. Certain chemicals and remedies have the same effect, particularly the cyanides, oxalic acid, the bichloride of mercury, etc.

Here the sudden lowering of temperature gives no perceptible interval between death and the extreme coldness which follows. The surroundings influence the temperature of the cadaver. If the body rest upon, or be covered by non-conducting substances, such as feather beds, woolen blankets, the natural heat will be retained a long time. In an instance under my care, a body was kept nearly thirty hours between two beds of feathers, because its warmth excited suspicions of life. The heat of the room ranged about 70°, and it was evident that the covering and warmth caused this long continued heat. If the heat of the room be high, the normal cooling will be delayed, but if it be very low, it will be hastened.

The temperature of every body naturally falls to a level with the surroundings, but seldom or never raises with the air, unless from active decomposition.

The usual level to which a cadaver falls is about 50°; this may occur when the surroundings are eight or ten degrees higher. The rate of cooling, although influenced by the exposure or non-exposure, is generally alike in all climates. The condition of the body before death also determines the rate of cooling.

No bodies are alike in temperature or conditions of heat or cold, arising from excess or deficiency of clothing, or degree of nourishment. The circulation differs in rapidity and force, also the quality of food is variable, and all of these changes influence the temperature during life, and in some unknown way are manifest after death.

A corpulent cadaver has been noted to cool slowly, and a thin, spare one rapidly. These differences are very prominent in many cases, but from the frequent exceptions cannot be regarded as fixed rules. The temperature is frequently alike before and after death in the collapse of cholera, and it has often been noticed to go down several degrees lower than the surroundings. Also in cases of yellow fever, after a period of great coldness preceding and following death, reaction has taken place, and the body become extremely warm again. This reaction from a low condition of coldness at death to one of great warmth after death has been noticed in many cases in warm climates. Low condition of heat before death has been noticed in anæmia, anasarca, diabetes, uræmia, malaria, and often in cyanosis.

In the young and very old, the cooling of the cadaver is more rapid. When death takes place from natural causes, the decline of heat is so gradual that dissolution makes no change in the temperature. In some conditions of childhood, where the blood is diverted from its natural course, the same condition follows.

In typhoid fever, where the heat of the blood is high, ranging from 110° and upward, the cooling is slow. In these cases the heat has been retained fifteen to twenty hours after death. Occasionally the body has been noticed, while warm, to exhibit a red flush, and a coloration, closely resembling life, due to the oxydation of blood remaining in the wide capillaries. The oxygen forcing its way through the tissue, unites with the carbon of the blood, and from it may come a certain amount of heat Instances are noted where motion, combined with heat and redness, is present. This is ascribed to the influence of light, and the escape of gases, and electrical phenomena, generally.

A case came under my observation, where the body was laid out in an open shed, partially exposed to the sun, for several hours. The natural warmth and color remained, and muscular twitchings, with uneasy movements, were observed. They seemed to pass over the body in wave-like motions, each muscle moving from right to left, or contracting upon itself.

These phenomena lasted for two or three hours, then gave way to all the natural post-mortem signs.

The hand is not a good test of the heat or cold of a cadaver, because liable to variations in different observers. An ordinary skin thermometer should always be used. The mode of

death has also an influence over the post-mortem temperature.

Death from fibrinous obstruction of the heart, or pulmonary arteries, or obstruction of the cerebral circulation, is frequently followed by rapid cooling.

Sudden effusion in different parts of the body, where the blood is not lost, only concentrated in some locality, has been diagnosed by the rapid cooling, in many instances. Death from lightning, and sudden and violent injuries of the nervous system, is often followed by rapid cooling. Some cases have been noted where the temperature rose, during a post-mortem dissection, three or four degrees in different organs. It has been asserted that death from fevers that are violent and intense is followed by delayed cooling of the body.

Inebriates who die in a condition of alcoholism, are noted for slow cooling. Many cases of tuberculosis are marked for the extremes of delayed heat, and sudden cooling. Cerebro-spinal meningitis, small-pox, have each presented several noted examples; showing that this condition is not confined to any particular class of disease. It has been asserted that death in hot climates, of persons unacclimated, favors such a condition; also death in cold climates, of unacclimated persons, encourages the opposite condition. The variations in both condition and circumstances, show that further observation is necessary to determine any general law which will explain these post-mortem changes. It would also appear that there are certain physiological conditions and laws which depend largely upon the factors we have mentioned.

The first question which follows medico-legally, is, how far may the rapid or retarded cooling of the body indicate the time of death, or any circumstance connected with it?

In a murder trial, in England, a few years ago, the conviction turned on the theory that a body could not become cold in three hours. The murderer was found three hours' journey away, and the victim warm. He plead innocence, but was convicted and sentenced to death. Subsequently medical testimony showed that the cooling of the cadaver was uncertain, and he was sent to Australia for life.

A case occurring in this State presented a similar question. An old man, of quarrelsome disposition and drunken habits, a farmer by occupation, went out early one morning to cut grass, in a field back from the public road. His son, a man grown, of violent temper, also drunken, accompanied him.

They were both in good spirits, and had with them a jug of liquor. They left the house at 6 A. M. At 9.25 A. M. the son was seen two miles away, at the railroad depot, taking the cars for a distant city, and subsequently, no further trace could be had of him. At nine the next morning the body of the old man was found in the field, dead; the occiput was fractured, as if he had fallen violently backward on a sharp stone, that lay near. The body was quite warm, with no other marks of injury. The day and evening had been warm, and the body lay protected from the wind by trees, and a high hill.

A coroner's jury, on the testimony of three physicians, and other circumstances, found death to come from accidental and unknown causes.

The physicians testified that death must have taken place after midnight, and probably near morning, based on the warmth of the body, and its post-mortem appearances, of which internal heat was most prominent.

The question of the son's complicity with the crime was disposed of on the ground that the surroundings showed death to be sudden, and the time from the son's departure from the field until the body was found (fully twenty-four hours), would have caused thorough cooling of the body, had death taken place then. But the high heat of the body was conclusive to them of death at a much later period. This concluded the case, but the probability of the son's guilt and the error of the medical testimony were very great. The heat of the surroundings, and the mode of death, all favored the long duration of heat, which might have continued thirty hours or more.

A case involving the same question is reported in an English paper.

An eccentric farmer willed his property to his eldest son, an invalid, in such a way, that if he died before January, 1873, the daughter was to succeed him in the property; but if he lived after that time, the youngest son was to inherit the property. In the afternoon of the first day of January, 1873, he was found dead in the bed, but quite warm. He lived alone, and was observed to go home from the public house at nine P. M., the evening before, complaining of feeling very ill. Examination

showed a valvular degeneration, and fibrinous clot of the heart as the cause of death.

The appearance of the room indicated that he had retired soon after coming home, pulling off his boots and getting into bed undressed, and the bed indicated death at once, from its undisturbed condition.

The question of the time of death involved many thousand pounds, and came into the Courts, resolving itself as follows:—

The evidence of death after midnight was based on the warmth of the body, and absence of discoloration; and the evidence of death before midnight depended on the unruffled condition of the bed, and the marks of haste on retiring. His boots, covered with mud, showed that he had walked directly to the bed, and put them off, and not tramped round the room. To explain the continued warmth, the body was covered with thick quilts, and the head drawn down in the pillow, causing radiation to go on slowly, and the room was warm.

It was finally determined that death took place after midnight. This was undoubtedly an error, which all the physical and physiological circumstances indicated. The presence of warmth and absence of discoloration are unreliable, compared with a connected chain of circumstances.

An officer in the United States army related to me an incident further illustrative. A large company of cavalry, crossing the plains, found the body of a noted scout, dead and quite warm. The day was cold, and the body seemed to be recently shot. The company halted, and spent ten hours in close search for the capture of the murderer, but failed. From all appearance not more than one hour had elapsed since the tragedy, and how the murderer could escape was a mystery. A year later, a desperado confessed the crime, which was committed over twelve hours before the time of discovery by the soldiers; explaining the reason for the failure to capture him. The body had retained its heat during this time, although it was a cold October day.

The body of a woman, very cold, was picked up near the railroad (in the valley of the Mohawk), with evidence of death from her own or other hands.

The evidence of this woman being seen two miles away (from where the body was found), an hour before, was rejected by the coroner (who was a physician), as impossible, because the time would be too short to allow the body to become cooled. He affirming that the cadaver could not cool completely in less than five or six hours.

These examples might be multiplied almost indefinitely from daily experience, and indicate the uncertainty which exists among physicians on this subject. No rule can be laid down as an answer to this question, but each case must be studied separately, and from the combination of circumstances which surround it.

This uncertainty of views about the cooling of the cadaver, has suggested another question, about which frequently gathers bitter reflections among the friends of the deceased, viz:—How far is unusual warmth after death evidence of vitality?

The case of Prof. Dieffenbach, of Berlin, whose body retained heat many hours after death, and was supposed to have vitality, became the subject of a bitter discussion. In a certain western city, a prominent physician died suddenly; the body continued warm, and life was thought to be present. Two strongly rival physicians, after several examinations, declared life extinct, and refused to make any further exertions. Some months after, a rich banker became unconscious, and was said to be dead; under the active ministrations of these two physicians, he was resuscitated, and became well again. The friends of the doctor whose body continued warm so long were now convinced that had the same efforts been made for him, life would have been restored, and that professional prejudice had been the prominent motive in refusing to do anything more. Probably this feeling was fostered by other physicians, but, as a result, both of these men lost their practice, and were forced to move away.

A London newspaper contains a curious case of a titled lady, found dead in the bed; her body was so warm that the friends would not permit anything to be done for two days.

The authorities interfered, and ordered a medical examination, which the surgeon delayed a day longer. The heat of the body continuing, a post-mortem was conducted, against the violent opposition of friends. The cooling followed rapidly after, and the friends affirmed that death was caused by or followed the surgeon's knife. After a sharp newspaper war, the matter was referred to a referee, who decided against the surgeon.

Careful examination of many thousand cada-

vers, convinced Dr. Wilks, of Guy's Hospital, that continued warmth as evidence of suspended vitality, does not occur more than once in a hundred thousand cases.

Among the theories explaining the causes, we may mention that of Dr. Dawler, who believes this rise of temperature to be owing to the formative process of putrefaction following death, and preceding rigidity. He also considered it more common in warm climates, and in cases of yellow fever.

Drs. Wilks and Taylor, of Guy's Hospital, assert that warmth comes on independent of putrefaction, and seldom follows the changes of circulation or great loss of blood, and that it is an independent action. Vallentine calls this post-mortem heat, and affirms that it is common to all cadavers, only noticeable in the extreme cases. Other authorities assume that it is owing to a mineral condition of the body, and these extreme cases can all be found in sections where minerals pervade the soil and water.

Other writers call these changes degrees of molecular death. In the sudden cooling this takes place at once, and in the retarded, or continued heat, very slowly. The conclusion medico-legally would be that these changes of the cadaver can only throw light on the manner and cause of death, when other facts, both positive and circumstantial, confirm or strengthen their indications.

Each case must be studied alone. In these facts mentioned, we have evidently links in the chain of some great laws controlling these post-mortem changes.

Dr. Richardson* has grouped some conclusions which express very clearly the main facts of this subject. I shall condense some of them:

1. If the cadaver becomes so with full blood vessels, and unaffected by the mode of death, the cooling will be generally complete in ten or fifteen hours.

2. If the cadaver becomes so from direct loss of blood, the cooling, to a level with the surroundings, will be rapid within two hours.

3. If from collapse, or sudden or profuse exudation, the cooling will be complete within two hours. The many exceptions to these rules show that they are only comparatively true, and each case must be determined from its particular history.

4. If death takes place from obstruction to the circulation, or from fibrinous deposits, the same condition will follow in two hours.

5. The heat of the body may sink to that of the surrounding medium before death, and no further change be visible.

6. The body sinks in temperature to a medium of the surroundings, and may go lower, but never rises, unless from changes of putrefaction.

7. The form of death, with the age and corporeal condition, are prominent factors to be considered always.

To this summary, I would add some conclusions on its medico-legal relations:—

1. When a body is found, the temperature may throw light on its history by comparison with the heat of the surroundings.

2. If the heat of the body should be below the air, the inference is that the present temperature was that of the air when the cooling was completed, and that the air has since warmed.

3. In all of these cases a post-mortem should be sought, also a careful inquiry made in all the history of the case.

4. These cases always indicate a peculiar chemico-physiological action, and seldom or never show the presence of life in a suspended form.

5. Neither warmth nor coldness must be trusted as an absolute symptom of any particular pathological condition before death, or as indicating any circumstance of the manner, mode, or time of death.

*See *Medical Critic and Psychological Journal*, 1863.

THE ACTION OF ERGOT.

BY B. P. REESE, M. D.,
Of Staunton, West Virginia.

Having for some time been impressed with the singular effects of ergot administered at different periods, being to all appearances contrary oftentimes to what we are taught in our text-books, I have concluded to advance an idea which may, to many, seem groundless and subject to criticism, but if it should be the means of bringing to my mind a more satisfactory solution of the problem, from some one more competent, of the true "modus operandi" of this valuable remedy, I shall feel myself fully compensated.

I think it was about the year 1807, that a Dr. Stearns, of Saratoga county, revived professional attention to its medicinal virtues, and more recently it has excited in the minds of the profession an interest, the results of which have

been varied and discrepant. Modern investigation and experience have shown that it possesses an elective affinity for the *involuntary* or *unstriped* muscular fibre wherever this is found. The uterus being constituted principally of this variety of muscular tissue, it is my purpose to confine myself more especially to its effects upon this organ, as it is here I have found those peculiar contradictions of what has been the preconceived opinion of the profession. It would be useless to enter into a description of the anatomy of this organ, as I presume those who feel sufficient interest to read this article are acquainted with its anatomical construction. We know it to be composed of circular and longitudinal fibres, both of which are made up of the unstriped muscular fibre, and yet, from some cause, which I do not propose to discuss, nor do I pretend to understand, but am fully persuaded from experience and observation, ergot has a peculiar elective affinity for the longitudinal fibres.

I am not unmindful of the fact that Meadows has undertaken to prove that uterine contractions begin in the fundus, while various others express different views, claiming they begin in the cervix; also that the longitudinal fibres of the uterus, of the middle coat, are confined almost entirely to the cervix. But finding oftentimes the hour-glass contraction after birth giving evidence there must be a circular contraction independent or stronger than a longitudinal, and reasoning from analogy, one might expect them to impede the expulsive effort, at the same time produce violent pains. To sustain my hypothesis, by way of illustration, I will give some experience which first attracted my attention in this direction. On several occasions I have been called to visit cases of threatened abortion or miscarriage, attended with severe pains, hemorrhage, and all the symptoms of unavoidable miscarriage. Upon the administration of ergot, to aid nature in her efforts to expel the fœtus, to my surprise all unfavorable symptoms would subside, and the patient, without further trouble, go to full term and be delivered of a healthy child. Some time since I attended a lady in labor, who, to all appearances, before examination, I thought in active labor, but upon digital examination there was no evidence of labor manifest. She remained in this state for several weeks, begging for ergot at each of my visits, until finally, after using every other means, as a "dernier resort," I commenced giving fluid extract ergot judiciously, watching its effects. As soon as she had taken sufficient quantity to have any effect, natural labor set in, and in less than twelve hours from the first dose she was delivered of a living child, which is now twelve months old, a fine and healthy daughter.

With these illustrations I propose now to give my idea of its effects in these cases, and I believe in all similar cases when administered for any such purpose. The pains in threatened abortion or miscarriage, or in such cases as above mentioned, I believe to be produced solely by the contraction of the circular fibres, and that labor or miscarriage will never take place until the *longitudinal** or antagonistic muscles become in active operation. In case of threatened abortion, when the pains are severe, with hemorrhage, the result of partial detachment of placenta, I believe the ergot has a tendency to equalize the muscular contractions, thereby causing pains to cease and arresting hemorrhage. The uterus becoming quiet, the mother is relieved of one of the most trying dangers to her future health. But should the quantity given be sufficient to bring these muscles into action beyond the controlling influence of the circular muscles, then inevitably will the contents of the uterus be emptied. Should this theory prove to be correct, then we have at our command a remedy which, if carefully and judiciously administered, must prove a boon to the profession.

It yet remains for us to discover what given quantity in each individual case will have this equalizing effect. In my opinion, this can only be done by careful administration and watching the effects of each dose, as we find in this, as in all other remedies, different patients are more or less susceptible.

INJURY OF THE FACE.

BY J. S. THURMAN, M.D.,
Of Cedarville, Mo.

I am prompted to report the following case, on account of its rarity in country practice. In Southwest Missouri physicians seldom meet with cases requiring immediate surgical appliances.

I was called in great haste, on the 5th of January last, to see Elois Acock, aged twenty-

* The term *longitudinal muscles* is not used in its strict anatomical construction, as they are confined principally to the cervix, but is meant to be implied in correspondence with the longitudinal and transverse axes of the uterus.

four years. On my arrival I found him lying on the floor in a semi-conscious state, with copious hemorrhage flowing from the mouth and nose. I learned, upon inquiry, that he was passing near the heels of a horse, and slapped it with his hand, at which the animal became frightened, and kicked with all its force, striking patient on the right side of the superior maxillary bone and mouth. I found, upon examination, the upper jaw to be fractured, in a line commencing just behind the last molar tooth, and passing across the malar process to the lateral boundary of the anterior nares, and then down between the canine and incisor teeth. On manipulation of the left side of the upper jaw, I detected mobility and crepitation, but was unable to determine the line of fracture; apparently all the bones of the face were detached and the soft parts terribly contused.

The swelling soon closed his eyes; then he was a horrible looking object. There was a gash cut in the lower lip, I presume by the shoe of the horse, three-fourths of an inch in length. Reaction came on in three or four hours. The hemorrhage was soon controlled by the application of cold water. Several small spicula of detached bone were removed with dressing forceps. The fractured part was then adjusted by introducing my finger into his mouth and placing and holding the detached portion until a cork was placed between the first molars on each side, and the lower jaw brought firmly up, which held the cork in its place; a bandage was then applied, such as is used in fracture of the inferior maxillary. The gash in the lip had previously been united with sutures; the other bones were replaced as far as possible. Patient was then placed in bed, the mouth and nose ordered washed with solution of carbolic acid four times per day, and fluid nourishment. The first twenty-four hours patient was very restless, after which he became more quiet and rested well. I removed the bandage on the 14th day, and found union perfect. Some discharge from nose. Continued carbolic acid solution to the nose. Four weeks after, I saw the patient at my office; there was no discharge from the nose and he said he was satisfied with his jaw, but should have been glad of a few more teeth.

—Dr. Pettigrew, of Edinburgh, has received a prize from the French Academy of Sciences, for his work on the muscular system of the Bladder and Prostate.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

Reported by Dr. John B. Roberts.

Anal Fistule and its Treatment.

This man complains of some trouble in the anal region, and upon examination two openings are seen upon the integument, near the orifice of the anus; upon the introduction of a probe, it is discovered that they are sinuses leading in the direction of the rectum. The forefinger of the left hand, passed into the bowel, feels the point of the probe as it is pushed through the sinus into the gut, showing that the patient is suffering from complete anal fistule.

The term anal fistule, or fistula in ano as it is frequently denominated, is a fistulous tract in the ischio-rectal space, generally extending from the integument in the vicinity of the anus into the cavity of the rectum. The affection, though very common, and occurring with more or less frequency at all periods of life, is not so generally comprehended as its importance and comparatively easy cure would indicate. It is the result of an abscess in the ischio-rectal region, which does not heal, but leaves a long fistulous tract, communicating with the bowel; which discharges a thin purulent fluid, and allows the passage of flatus and fecal matter.

The reason that abscess in this particular locality does not heal is associated with the continued motion of the part, as the levator and sphincter ani muscles indirectly, though actively, resist the pressure of the diaphragm, and the muscles of the anterior abdominal parietes; and, moreover, the distending act of defecation, with the incessant escape of irritating gaseous and fecal discharges from the rectum, must keep up an irritation that prevents healing.

There have been described as varieties of anal fistule, the complete, having both an external and an internal opening, and the incomplete, with only an external or an internal orifice; but it is exceedingly probable that if sufficient care be taken in examination, nearly all fistules will be found to form a continuous passage from the rectum to the integumentary surface.

It is a disputed point whether the origin of the trouble is situated in the bowel, or in the fatty tissue between the gut and the tuberosities of the ischium; that is, whether the ordinary cause of anal fistule is internal or external to the rectum. Brodie believed that foreign material became impacted in the folds of the mucous membrane lining the bowel, and causing ulceration and perforation, gave rise to an abscess in the surrounding tissues, which finally opened on the surface of the buttock; and that the fistulous tract thus formed did not heal, on account of the presence of fecal matter along

its course. Syme, of Edinburgh, on the other hand, taught that fistule of the anus was due to the occurrence of an abscess external to the rectum, which, perforating the walls of this tube, completed the fistulous tract. Dr. Levis believes, with the former authority, that the cause of the affection is nearly always to be found within the bowel, for abscesses in this region, if opened, always give a fecal odor, showing a communication with the rectum.

It is exceedingly important for the surgeon to know where to look for the internal orifice of an anal fistule, for ignorance in this regard may give rise to great errors in treatment. The aperture is seldom, if ever, more than a half, or one inch above the verge of the anus; and this is true, even when the abscess extends far upward along the bowel. Moreover, there is usually but one opening into the rectum, although the surface of the buttock may show a number of ragged looking orifices; these generally communicate beneath the skin, and have a common aperture internally.

If after an abscess, there is tenderness and swelling about the anal aperture, with slight discharge, the existence of anal fistule may be suspected, but examination is the only means of determining the fact with certainty. A probe is passed through the opening in the skin, and the index finger of the left hand is placed in the rectum to guide the instrument to the internal orifice, which is felt as a little depression with slight surrounding hardness, just within the sphincter.

The internal orifice may, by careful exploration with the finger, nearly always be found; but if the surgeon should fail to detect it, and if the probe does not readily pass along the fistulous tract so as to reach the cavity of the rectum, the following simple expedient may determine the completeness of the fistule:—Fill an ordinary small syringe with any decidedly colored fluid, as ink, or milk, or tincture of iodine, and inject it through the external opening of the fistule, so that it shall appear at the orifice in the rectum; by using at the same time a rectal speculum, or merely observing the staining of the introduced finger, it will be conclusively shown that the injected fluid has entered the rectum. Dr. Levis thinks that there are few cases in which this experiment will fail to demonstrate the existence of an internal orifice.

As the motion of the sphincter ani, which occurs with every act of respiration, prevents healing, the treatment consists in cutting through this muscle and allowing the granulating process to take place from the bottom of the wound.

The knife or ligature may be used, as the surgeon deems proper. The most expeditious method is to push a director through the sinus and bring the point out at the anus; then to carry a bistoury along the groove and divide the tissues, as it is now done in the present instance. Although there are two external openings here, there is only one internal, and therefore a single cut into the rectum is sufficient; but both sinusus shall be laid open externally, to allow healing from the bottom. After the division of the structures, it is well to touch the parts with some caustic material, or even to pare off the edges. The wound is now plugged with lint, saturated with carbolized oil, which will arrest hemorrhage and keep the parts open, so that granulations may arise from the lower part of the wound.

If the internal orifice is not found in this operation there is very apt to be a recurrence of the difficulty; sometimes, however, when no aperture can be discovered, the probe may be forced through the thinnest part of the rectum.

In cases of tuberculous disease of the lung, where there has been for a series of years a drain in the perineum from a fistulous tract, it may be ill advised to attempt a radical cure, lest the condition of the pulmonary parenchyma, already diseased, be imperiled.

The patient shall now, after this operation, be placed in bed under the influence of anodyne remedies, and care shall be taken to have the wound dressed daily.

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The man, one week subsequently, was in good condition and doing well, although there was a tendency to erysipelatous inflammation about the wound, which was being treated on general principles.

Medical Societies.

NEW YORK STATE MEDICAL SOCIETY, SIXTY-NINTH ANNUAL MEETING.

Reported by T. D. Crothers, M. D., for the Medical and Surgical Reporter.

Albany, N. Y., Feb. 2d, 3d, and 4th, 1875.

Dr. Geo. G. Fisher, of Sing Sing, President, presided.

The inaugural address contained many valuable suggestions on the management of the Society, its time of meeting, etc.

Numerous papers were presented and read in full or by title, of which the following are the more noteworthy:—

Dr. E. R. Squibb, of Kings, read one, entitled "A Note on Salicylic Acid," and exhibited specimens. It was an epitome of the uses to which salicylic acid had lately been found particularly applicable, of which old ulcers and unhealthy granulating wounds seem to be most benefited. Late researches have shown that this is a most valuable addition to the list of useful remedies.

Dr. John P. Grey, of Utica, read a paper on Late Researches into the Pathological Changes Occurring in Insanity. Illustrating the microscopical appearances, through plates and a magic lantern.

Prof. Lewis Elsberg, of New York, followed with a lecture on "Acoustics," which was illustrated by very interesting experiments.

On Wednesday morning, after the usual open-

ing business, Dr. Dalton, of the New York County Medical Society, addressed the Society on the subject of experimentation on animals for physiological and scientific purposes. He said that eight years ago, Mr. Henry Bergh, of New York, commenced, in a series of newspaper articles, an onslaught on the practice, and it was subsequently followed up by the introduction of a bill in the Legislature for the organization of the Society for the Prevention of Cruelty to Animals. The Medical Society, in 1867, had memorialized the Legislature and procured a modification of this bill, so that experimentation on animals in the interests of science had been continued. Last summer, however, Mr. Bergh had renewed his attacks on the practice, as before, in a series of newspaper articles, published in the New York *Evening Post*, and his evident object was to place the Society under the control of himself and agents. The speaker then referred to the importance of the practice in determining the nature of various diseases, and the favorable results that have been realized, and urged that the Society take some action reaffirming the action of the Medical Society in 1867. With this object in view he offered the following:—

WHEREAS, A renewed attempt has been made during the past year to excite in the public mind a prejudice against the practice of experimentation on animals for medical and scientific purposes; and

WHEREAS, Intimations have been publicly held out that the Legislature will be applied to for power to suppress or interfere with experiments of this nature, notwithstanding that such interference is expressly forbidden by the existing law, and in opposition to the declared sense of the medical profession; therefore

Resolved, That this Society hereby reiterates the opinions and conclusions on this subject embodied in its memorial to the Legislature, adopted February 7th, 1867, and reaffirms its conviction of the usefulness and propriety of experimentation on animals; also

Resolved, That the President of the Society be instructed, if it should become necessary, to transmit a certified copy of this preamble and resolutions to the two branches of the Legislature and to the Governor of the State of New York.

This preamble and resolution, after discussion by Drs. B. F. Sherman and Squibb, were then adopted.

Dr. Thomas F. Rochester, from the Committee on Prize Essays, reported that but two competitive papers had been received for the Merritt H. Cash prize on the designated subject for 1875, viz: "School Hygiene in reference to the Physiological Relations of Age and Sex to Mental and Physical Education." One of these had the motto, "The quality of the brain is the key to human knowledge," and was a good practical common sense article, well worthy of publication. The other bore the motto "Salus populi—suprema lex," a scholarly and philosophical essay, for which the prize was awarded to Alexander Hutchins, A. M., M. D., of No. 796 De Kalb avenue, Brooklyn. No essays were received for the Brinsmade prize. The report was adopted.

Dr. Mary Putnam Jacobi, of the New York County Medical Society, read a paper on "The Nitrate of Silver on the Epithelial and Gland Cells," accompanied by microscopic preparations. This was a remarkable contribution to the novel, bold surgery of this subject.

The Doctor affirmed her strong belief in the practical utility of this operation for fibroid tumors.

Dr. Fessenden N. Otis, of the New York Academy of Medicine, read a paper on "Stricture of the Male Urethra; its Radical Cure." Dr. Otis asserted that a radical cure was practically possible in every case. The mistake made was in not estimating the natural calibre of the urethra. If this be carefully studied, and the treatment based on it, a cure will follow.

Dr. Frank H. Hamilton addressed the Society upon the "Uses of Hot Water in Surgery." Dr. Hamilton stated that it was not known until within a short period that water could be used in surgical operations at a temperature above that of the natural heat of the human body. The speaker, during his remarks, referred to cases which had come under his observation at St. Francis Hospital, New York city, where water was used at a temperature of 98° to 110° with complete success.

Numerous other scientific contributions were submitted, and outside of business hours the Society was hospitably entertained by the Governor and citizens. This session of the Society was noted, not only for the many original and scientific papers read, but also for the absence of hackneyed discussions on unsettled questions in medicine.

Papers by Drs. J. Marion Sims and Emmet, of New York, with the remarks of Drs. E. R. Peaslee, of New York, and E. M. Moore, of Rochester, brought out important and original facts; coming from these Nestors in the profession, they were recognized as the latest deductions of science. Mrs. Dr. Jacobi's paper was one of great research, containing some original experiments, which, although not yet complete, give promise of great advance in our present knowledge of this substance, and its effects on living tissue.

Dr. Squibb's paper excited much interest and comment. Dr. Castle announced that a German chemist, in Berlin, could furnish salicylic acid at two dollars per pound. Few cases have been reported in this country, but in Germany much enthusiasm exists about its value as a disinfectant and curative in many diseases.

Dr. T. N. Otis' (of New York) paper on "Stricture of the Urethra, its radical cure," was regarded the most startling advance in this field. And as Dr. Hutchinson, of Brooklyn, remarked in his comments on the paper, "If further observation shall confirm these views, Dr. Otis has made a contribution which will revolutionize the surgery of this affection."

Dr. Otis cited cases under his observation for three years, which were cured, and discussed the subject so clearly and forcibly, as to convince his entire audience.

Dr. Grey's paper was also noted for its patient, careful research, and very excellent plan of showing the microscopical results, to the entire satisfaction of every hearer.

Dr. Frank Hamilton, in his observations on the use of warm water as a dressing in surgery, commended it very highly, and concluded that many of the worst complications following injuries of the extremities, might be averted by this dressing.

Dr. Bell, the chairman of the Committee of Hygiene, read a very valuable report, which is to be published with a State map, showing the hygienic condition and survey, by counties, of the State. This will be the first of the kind ever published. This Society has taken a good step forward in publishing its own transactions, and thus providing for a more general distribution of the volume containing these papers.

The large attendance, of over three hundred physicians, from all parts of the State, shows the intelligent interest with which this meeting is regarded.

Editorial Department.

Periscope.

A New Means of Restoring Suspended Animation.

In the London *Medical Times and Gazette*, Dr. H. B. Clarke, of Massachusetts, speaks of a case wherein the patient was apparently restored from a state of suspended animation by the touch of a finger thrust into the aperture of the larynx.

A rather delicate girl of seven years of age, after a day or two of slight indisposition, was seized with convulsions while playing in the garden. She was at once taken into the house, and as soon as preparation could be made was placed in a warm bath. On my arrival, nearly an hour after the time of seizure, she was still somewhat convulsed, but immediately afterwards she sank, pallid, relaxed, and apparently dead. With the aid of an assistant who accompanied me, artificial respiration was at once undertaken, and continued for from five to ten minutes, without any apparent effect. When about to abandon the case as hopeless, it occurred to me that possibly the tongue had not been drawn forward sufficiently to secure the passage of air through the larynx. In an attempt to ascertain the condition of the larynx in this regard, I passed my finger along the side of the tongue until I got the end within the laryngeal opening, which I had no sooner done than a gasping inspiration was made, which soon developed into regular breathing.

There was some twitching of the eyelids and other convulsive motions after resuscitation; but, under the use of ether by inhalation, there was no further paroxysm at this time. Some two or three weeks later, however, another attack occurred. I was sent for; but not having been found, there was considerable delay before another medical man was called. Upon his arrival the child had been dead for more than an hour, and no attempt at resuscitation was made.

From the history of this case, both before and subsequent to the attack in which I saw the patient, it appeared to be one of reflex convulsions depending on undigested food (pieces of apples and pea-nuts having been voided at stool unchanged). Worms were suspected, but none were seen, though measures were taken to dislodge them, and they were carefully looked for.

Previously to this experience, I had seen a similar result from the touch of a finger within the opening of the larynx in the case of a woman apparently dead from chloroform. In that case I had only noted the fact as a coincidence. With the second experience, however, I was struck by the extraordinary effect of this touch when many other means to excite the reflex nervous functions had failed.

Since these experiences I have twice seen this method of exciting inspiration succeed, once in a case of suspended animation from convulsions depending on dentition; and again in a woman seventy years of age, who was partially asphyxiated by nitrous oxide gas administered by a dentist for an operation on the teeth.

On Cheyne-Stokes Respiration.

This singular condition has been attracting renewed attention in England lately. A late works says:—

This symptom known, as "Cheyne-Stokes Respiration," was first observed in 1816, by Dr. Cheyne, in Dublin. Stokes has only met with it in fatty degeneration of the heart, or a few weeks before the patient's death. He describes it as a series of inspirations, which reach a maximum, and then decrease in both depth and length, till a condition of apparent entire cessation of breathing is reached. This may last so long, that the bystanders may deem the patient dead; a feeble inspiration, followed by one a little stronger, marks the beginning of a fresh ascending and then descending series of breath-

ings, as before. The decrease in the depth and length of the respirations is just as regular as the preceding progressive increase. Every successive inspiration becomes shallower than the one which preceded it, till they become almost imperceptible, and a condition of apparent apnœa sets in. The deepest inspirations assume the aspect of dyspnœa. It is not easy to explain these phenomena. Schiff, Traube, Fräntzel, etc., have endeavored to seek the true pathology from clinical and *post-mortem* room studies. According to the two former observers, there are two distinct conditions under which we meet with this kind of breathing; *a.* Cases in which the heart is all right, but the cranial contents are structurally affected; and, *b.* Cases where the cranial contents are uninjured, but the heart has undergone structural changes. In both kinds, similar conditions underlie the respiratory phenomena, viz., a defective supply of arterial blood to the medulla oblongata, the great centre for respiratory action. The old notion, that it is only in cases of fatty degeneration of the heart that we find this kind of breathing, may be considered quite obsolete, since it has been noticed in many other kinds of disease. It must, however, be confessed, that there is yet much to learn regarding the true pathology of the "Cheyne-Stokes Respiration."

Chloral in Varicose Veins.

Dr. Parona, of Novara, has tried with some success the hypodermic injection of chloral in varicose veins. The following case, translated in the London *Medical Record*, will serve as an example:—

A man named Giovanni Masseroni, aged seventy, a gardener, at the age of twenty had varicose veins to such an extent as to exempt him from military service. Ulceration and other complications of varix began when he was forty years old. When he came into hospital, the right saphena vein was only slightly varicose; the left was varicose up to its junction with the femoral vein. There was an ulcer on the leg. After some days of rest, a solution of hydrate of chloral, of the strength recommended by Porta (a gramme for each injection) was injected at several points in the course of the vein. The operation was attended and followed for a short time by smarting; coagula were immediately formed; there was no local nor general disturbance; nor were there any symptoms of hypnotism, although several grammes were injected. Three injections were made at other points five days afterwards. The patient left the hospital twenty-two days after his admission, in a very satisfactory state; he said his leg felt lighter and was quite painless. The varices were greatly reduced and indurated.

Dr. Parona draws the following conclusions from his cases and from those which have been elsewhere published. 1. The treatment of varix by hydrate of chloral has, up to the present time, been sufficiently harmless. 2. In the majority of cases, the result of the operation is permanent and complete closure of the varicose veins, with an insignificant amount of reaction. 3. If a coagulum be not formed, the operation may be repeated in a few days without inconvenience. 4. The operation is very rarely followed by phlebitis, suppuration, ulceration, or the escape of coagula. 5. Sloughing of the skin on the point of puncture occurs rarely, and is not severe; it depends on want of skill or of care on the part of the operator. 6. The operation is rather painful, and the ulcers generally cicatrize rapidly after the veins have become obliterated.

Changes in The Morbid Brain.

In the West Riding Lunatic Asylum Reports, Mr. H. C. Major states the following conclusions:—

1. That in senile atrophy of the brain the nerve-cells throughout the entire depth of the cortical layer, and in all parts, are morbidly affected, although to a variable extent and in a different manner.

2. That in the large nerve-cells the morbid process in the great majority of cases is one of granular degeneration.

3. That in the smaller nerve-cells generally, and occasionally also, but rarely, in the large, the process is one of simple atrophy, without granular degeneration properly so called.

4. That the nuclei of the cells invariably participate in the diseased condition, and become the seats of granular deposits which lead ultimately to their destruction.

5. That at an early period the branches of the large cells are usually atrophied and destroyed to a greater or less extent, but exceptionally are retained up to a late period in the degenerative process.

6. That the condition of so-called hypertrophy of the cells (Rutherford, Tuke) depends on a peculiar transformation of some of the large pyramidal bodies, and is not confined to senile atrophy, being also observed in general paralysis, but in both is of exceptional occurrence.

The most common alteration in the vessels is a condition of dilatation.

The Thermometry of the Uterus.

Dr. Cohnstein, of Berlin, in the last part of Virchow's *Archiv* (Band lxii, Heft 1), believes that in cases where the ordinary means of determining whether the fœtus in utero is alive or dead fail, it may be determined by means of the thermometer, for he has observed that the temperature proper to the child is higher than that of the mother; the temperature in the uterus is consequently higher than that in the vagina, because in the former the thermometer registers the heat of the mother plus that generated by the child. If the child dies, the latter factor fails, and the temperature of the uterus and vagina becomes equalized. The fall

of temperature, however, after the death of the child, only takes place gradually, because the difference of temperature between the uterus and its surroundings is only small, and two or three hours elapse, and several measurements are required, before it can be quite certainly determined. Cohnstein gives five cases in which a correct diagnosis was made of the life or death of the child by this means. Fehling, in a recent number of the *Archives de Gynæcologie*, has tried Cohnstein's method in eighteen cases, and found it reliable in all but two, in one of which the patient was in a febrile state, owing to the death of the fœtus. Cohnstein believes that the difference in temperature between the uterus and vagina may also serve as a means of determining the existence of pregnancy when this is denied or doubtful. He observes, very properly, that care should be exercised as to the depth to which the thermometer is insinuated into the uterus, as abortion or miscarriage might be thus induced if the experiment were carelessly conducted.

On Cresol and Phenol.

Mr. Bickerdike, in a lecture given in the *Chemist and Druggist*, says of these substances: The derivatives of cresol have not been so perfectly studied as those of phenol, partly in consequence of the difficulty of obtaining the different isomers in a state of purity in large quantities. None of them have yet been applied to any useful purpose in the arts or manufactures, but cresol is employed to a greater extent than phenol, for purposes of disinfection. The antiseptic qualities of cresol and phenol have been carefully studied during the last ten or fifteen years, and a large amount of experience has been gained by their practical employment as disinfectants. These alcohols possess some property by virtue of which they are able immediately to arrest those changes in organic bodies which owe their origin to the development of protoplasmic life. This is not effected by oxidation or other chemical change, as in the case of the permanganates, chlorine, ozone, etc., for there is reason to believe that the antiseptics themselves suffer no change. Both phenol and cresol will precipitate albumen and gelatine from their solutions, and it has been suggested that they may exert a similar power on the sarcode which forms the structure of the above-named organisms. Whatever be the method by which the effect is produced, the fact itself is sufficiently established. This antiseptic quality was very soon recognized by medical authorities, and it was found that the usual septic condition of suppurating wounds might be entirely prevented by employing a dressing in which a small quantity of phenol or cresol was introduced. The subject was thoroughly investigated by Dr. Lister, of Edinburgh, to whom we are chiefly indebted for the antiseptic method of treating wounds, and also for some of the very convenient forms in which the antiseptics are applied. The question naturally arises, if these antiseptics are so certain in their action upon the vital germs which accompany decay, might they not be useful agents for internal administration in those diseases in which the morbid state of the blood is supposed to be owing to the propagation therein of poisonous germs? Of course it is impossible to administer either phenol or cresol in a pure state, and even a weak solution is found too irritating for the delicate mucous surfaces of the stomach, except in very small quantities, so that for some time the test could not be applied. Recently, however, it has been found that the salts of sulphocarbolic acid, which may be given in tolerably large doses, are decomposed in the system, the phenol being reformed and set at liberty. By this method it is possible to administer phenol in such quantities as to produce cerebral symptoms, but I have not seen a sufficient number of reports as to its action to determine its success or otherwise. Numerous other applications of these antiseptics have been made, and are continually being made as their properties become more generally known. I will only allude to the preservation of glue size in hot weather, and of hides that are intended for tanning. In conclusion, I draw your attention to a few zoological specimens which were collected three years ago by my brother, in India, and sent to England in a 2 per cent. solution of cresol; the state of preservation is complete.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The French seem to be taking the lead in the study of medical history at present. The Paris School of Medicine is the only one, if we mistake not, which has a professorship exclusively devoted to this branch. Publications on the subject are also frequent. Of recent ones may be mentioned as prominent the following:

Dr. J. Rochard, *Histoire de la chirurgie française au* XIX^e^ *siècle. Etude historique et critique sur les progrès faits en chirurgie et dans les sciences qui s'y rapportent, depuis la suppression de l'Académie royale de chirurgie jusqu'à l'époque actuelle.* 896 p. 12 fr.

Dr. E. Monteils, *Histoire de la vaccination. Recherches historiques et critiques sur les divers moyens de prophylaxie thérapeutique employés contre la variole depuis l'origine de celle-ci jusqu'à nos jours.* 422 p. 7 fr.

Dr. Chereau, *Le Parnasse médical français,*

ou Dictionnaire des médécins-poëtes de la France, anciens ou modernes, morts ou vivants, didactiques, élégiaques, satiriques, chansonniers, auteurs dramatiques, vaudevillistes, comédiens, etc. 552 p. 7 fr.

The latter is a curious collection, perhaps unique in its kind.

——One of the most experienced of American Medical editors, is Dr. E. S. Gaillard, of Louisville. He has at present under his management, "*The American Medical Weekly*," and the "*Richmond and Louisville Medical Journal*," both of which periodicals he maintains at a high standard of excellence.

BOOK NOTICES.

Compendium of Children's Diseases: A Handbook for Practitioners and Students. By Dr. Johann Steiner, Professor of Diseases of Children in the University of Prague, etc. Translated from the second German edition, by Lawson Tait, f.r.c.s., etc. New York: D. Appleton & Co., 1875. 1 vol., cloth, 8vo, pp. 408.

Dr. Steiner's work has met with a quite favorable reception in Germany. The author has been for some eighteen years physician to the Francis Joseph Hospital for Children, at Prague, and thus writes from an extensive experience of the class of diseases of which he treats. Such being the case, we confess to have felt some little disappointment to find that under the head of "Treatment" he gives place so frequently to the opinions of other authorities, to the exclusion of the results of his own observation.

His descriptions of the causes and course of diseases are clear and brief, and are aided by statistical statements of the cases which have come under his own notice. We miss, however, the accuracy of definition which is found in the French writers. True croup is defined as "an inflammation of the laryngeal mucous membrane, occurring generally in sporadic cases, but sometimes epidemically." Not a word of the exudation. Of course, that, too, is mentioned later in the article, but is wholly omitted in the definition. The article on croup may be taken as an average instance of the work. Diseases of the larynx are divided into laryngeal catarrh, croup, spasm of the glottis, tumors of the larynx, and paralysis of the glottis. These occupy twenty-one pages. Laryngeal catarrh is treated by warm drinks and fomentations, sinapisms, and small doses of Dover's powder or tartar emetic. True croup he describes as "almost always fatal;" "in tracheotomy alone there seems any chance of recovery." This, to us, seems an unnecessarily gloomy prognosis. He treats it by emetics of sulphate of copper or zinc (six-grain doses) and demulcent drinks; and thinks the only resource is, as stated, tracheotomy. For spasm of the glottis, he has found oxide of zinc, in doses of one-half or one-third of a grain, two or three times a day, "the most valuable agent," a suggestion worth attending to.

Especially in works on diseases of children greater accuracy in giving therapeutic directions should be observed. Under "Favus" Dr. Steiner says, "Lotions of corrosive sublimate, benzine and turpentine have been recommended." Now, in using each of these articles its efficacy depends *entirely* on the strength of the lotion; yet not a hint about this is given. Such directions are worse than none. They are *dangerous*.

Dr. Steiner states the most common of all the diseases of children in Prague is intestinal catarrh; next to this, bronchial catarrh. In the treatment of the latter, among other steps, he is in favor, when the catarrh is accompanied by feverish symptoms, of rubbing the chest and back with "some fatty material," which, he says, often relieves the cough. Goose grease is thus vindicated with becoming scientific vagueness.

The work is handsomely printed, fairly indexed, and translated accurately, though not elegantly.

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THE LIMITATION OF DISEASE.

Some general expression which will include all forms of diseased action is still wanting. Perhaps, looking on what French physiologists call *la théorie des milieux*, we may broadly say that it is the result of a failure of correspondence between the individual and his *milieu*, arising from any cause. The tendency always is for an organism to adapt itself to the incessant changes in its surroundings. So long as it succeeds in doing so, the organism is said to be in health; when its unconscious efforts fail, it is said to fall sick.

We can suppose that some of the changes which occur, nearly always cause at least a temporary failure. The exposure to malarial poison, whatever that may be, is very surely followed by a derangement, and that of such a nature as to bring about an increased liability to future similar derangements. On the contrary, many other toxical agents produce the condition of *tolerance*, and in this lies the self-limiting power of epidemics. This, as Dr Candolle has shown, is augmented by hereditary transmission, and decreased by absence of exposure to the exciting cause.

Thus, in the Faroe Islands, for many generations measles were unknown, and hence no tolerance of it was cultivated. When introduced at last, by a trading ship, the disease was most epidemic and fatal to both children and adults. In America, previous to Columbus, small-pox had never prevailed. When it did reach the red race, the destruction of life was appalling. In return, they seem to have acquainted their invaders with the great pox, which, during the first half century after the discovery, swept over Europe with appalling virulence.

The individual, like the race, acquires a tolerance in chronic diseases which enables him to live many years under organic lesions which, one would suppose, were necessarily promptly fatal. Last year, Professor Austin Flint gave an excellent essay on this subject, pointing out how such a condition of tolerance could be cultivated; and some years ago the same topic was discussed with a great deal of thought by Dr. Catlow, in his *Principles of Æsthetic Medicine*.

That which is called "the change of type" in disease is to be attributed to this increase of toleration. The expression, however, is hardly scientific, as it is not the change in the symptoms of the morbid state that should be regarded, but the change in the healthy state of the organism, its greater acquired toleration of the same toxical or injurious circumstances. Nowhere has this change been more obvious than in some of the Mississippi Valley States, Illinois, for example. The fatal bilious fevers of thirty and forty years ago are now next to unknown, they having lost so much of their violent character.

The practical applications of such reflections are valuable, not only in regard to the individual, as Drs. Catlow and Flint have pointed out, but have a wide meaning in State Medicine and public sanitary provisions. There is

no sort of proof, for example, that a bad smelling, foul workshop is harmless to the neighbors because the operatives employed in it enjoy average health. They have acquired tolerance, and they maintain it, but it is too much to ask that the neighbors should accept their condition.

Notes and Comments.

Therapeutical Notes.

GONORRHŒA.

Dr. Haberkorn, of Berlin, reports excellent results in both acute and chronic gonorrhœa, with the following injection:—

℞.	Quiniæ sulphatis,	grs. vj
	Glycerinæ,	℥ ij
	Aquæ,	℥ vj
	Acid, sulph. dilut.,	gtts. v. M.

Sig. Use about a teaspoonful or two as an injection three times a day.

CATARRH AND PARALYSIS OF THE BLADDER.

For these complaints, Dr. Willimsky, of Greifswald, in an inaugural thesis, recommends the watery solution of ergot. A dilute solution should be thrown into the bladder, in paralysis, thrice a day, in acute catarrh of the organ, once a day. In either case, the bladder must be thoroughly emptied before the ergot is used. Successful cases are quoted in support of this treatment.

ITCH.

In this disease, Dr. F. W. Clemens reports, in the *Allgemeine Medicinische Centralzeitung*, excellent results, with the following ointment:—

℞.	Arsenious acid,	grs. ij
	Carbonate of potash,	grs. x
	Spirit of soap,	℥ j
	Water, to	℥ j. M.

Sig. Rub twice daily on the infected parts. He has never seen any ill effects from this preparation, and its action had proved very prompt, curing "in a few days."

CHLORATE OF POTASH IN OZÆNA.

Dr. Eyselein, of Blänkenberg, reports a very obstinate case of ozæna, which he had cured by painting the ulcerous nasal membrane with a solution of chlorate of potash, one part to six of water (by weight).

CHILBLAINS AND FROSTED MEMBERS.

Dr. Leach recommends electricity. The positive pole he directs to be applied, with a weak current, a little above the affected spot, while the negative pole is to be moved over the inflamed parts for ten or fifteen minutes. One sitting may be enough; if not, repeat daily.

Another physician recommends rubbing the affected part thoroughly, but carefully, with the following liniment:—

℞.	Aconite liniment,	
	Opium liniment,	
	Chloroform liniment,	equal parts.

Still another one says he has never failed with

℞.	Sulphate of copper,	grs. iv
	Water,	℥j.

Apply frequently.

A HINT IN OLD ULCERS.

Dr. J. M. Fothergill says, in a recent lecture: "A friend of mine once put to me the case of a patient with an obstinate irritable ulcer, which had resisted for eighteen years the efforts of many leading men, both at home and abroad. The recognized association betwixt irritable ulcers and gouty individuals, at once suggested a suspicion of "suppressed gout." The treatment was directed accordingly, and in three weeks the ulcer was well."

ACETIC ACID INJECTIONS IN TUMORS.

The *Irish Hospital Gazette* says that Dr. Morell Mackenzie is now treating enlarged and indolent glands about the neck, especially in adults, with injections of the dilute acetic acid of the British Pharmacopœia. Seven minims is the quantity injected the first time, and ten minims or more may be used if several injections are necessary. They are made with an ordinary hypodermic syringe. Two results may follow the injection. Either the gland suppurates and the matter is let out, as in ordinary abscess, or else it disappears gradually by interstitial absorption, without any suppuration whatever. It is impossible to say beforehand whether suppuration will occur. In some patients one injection will excite suppuration. In others in whom it occurs, several are required.

By this means unsightly lumps, which formerly were treated for months by iodine paint and internal remedies, with indifferent success, can now be removed in a few weeks, with only a trifling annoyance to the patient, and, at the most, with a slight scar.

MANAGEMENT OF LUPUS.

The treatment of this disease, as directed by Dr. Lailler, of Paris, consists in cod-liver oil associated with the iodide of iron, a tablespoon-

ful of the former and half of the latter, taken in the morning, fasting, or before dinner. A little quinine wine is also given, and iodide of potassium is very frequently added, in case the lupus may have any affinity to syphilis. It is especially in lupus exedens that this is indicated. Appropriate mineral sulphurous waters are of great assistance, and sea-bathing. The topical treatment in lupus erythematosus is emollient and calmant: poultices of starch, or astringents with a few drops of perchloride of iron mixed. In cases of papulo-erythematous and tuberculous lupus, when not ulcerated, he advises caustic iodine in the form of one drachm of iodine and one drachm of iodide of potassium in two drachms of distilled water.

On Jaborandi.

The results of some experiments with this new Brazilian drug are detailed in the *Pharmaceutical Journal*, by Mr. Martindale, who has already conducted many interesting experiments. Mr. Martindale swallowed about fifty grains of the powdered leaf in an effusion, and in fifteen minutes he sweated profusely, and had an excessive flow of saliva. These effects gradually increased. In about half an hour after taking the drug the vision became curiously affected. Distant vision was obscured, although vision for reading or for near objects was quite good. The pupils were not contracted, and were perhaps even a little dilated. Sixteen ounces of distinctly alkaline saliva were collected in a few hours, and the sweating was so great as to soak the bedclothes. It would seem, therefore, in addition to its diaphoretic and sialagogic effects, jaborandi in a large dose causes tension of the accommodative apparatus of the eye, although this peculiar action does not appear to have been observed by others.

On Diabetes Mellitus.

Among recent German medical works, two of value have appeared, on diabetes mellitus. One is by Dr. Ed. Külz (*Beiträge zur Pathologie und Therapie des Diabetes Mellitus*, Marburg). He gives a very careful analysis of eleven cases. In practice, he found that the use of fruit sugar, inulin and mannite, does not increase the sugar in the urine. Hence, he recommends the latter for sweetening tea and coffee, and permits pears and apples. Biscuits of inulin are also allowable.

A second work is by Dr. A. Von During, of Hamburg (*Ursachen und Heilung des Diabetes Mellitus*, Hanover). He regards the disease as a strictly curable one, and quotes an experience of twenty years to back his assertion. He claims no specific means, however, but bases his treatment on an extremely careful regimen, and a rigid observance of ventilation, skin-rubbing, exercise, etc. His book should be bought by any one desiring full information on the subject.

On Salycilic Acid.

This substance is attracting considerable attention just now, as a disinfectant and anodyne. It is prepared by heating salicylous acid (obtained either from salicin or oil of spiræa), with an excess of hydrate of potash. It is volatile, crystallizable, soluble in boiling water, alcohol and ether.

$$\left(\text{Salycilic acid} = \left.\begin{matrix} C_6H_5 \\ H \end{matrix}\right\} CO_3\right)$$

As phenol can be produced by the dry distillation of this acid (phenol $= C_6H_6O$), it is altogether likely that the therapeutical properties of salycilic acid will be found in this alcohol (as phenol is now held to be). Phenol itself can be prepared in the form of minute granular crystals, and having no tendency to liquefy on exposure, it will probably be found more convenient for pharmaceutical purposes than the ordinary solid mass which requires to be melted before using; it is quite free from tarry smell. Phenol is produced by the dry distillation of the following organic bodies besides coal, viz., salycilic acid, gum benzoin, resin of xanthorrhæa hastilis, quinic acid, and chromate of pelosine.

"Studies on Women."

Such is the title (*Studien der Frauen*) of a work published this winter in Jena, by that fertile writer, Dr. Edward Reich. As usual, it contains a mass of information on the sex, especially on their vital statistics. It shows that the female sex is not only less liable to violent deaths and accidents (this we could have guessed) but also to severe disease. In a million of inhabitants in Prussia, 58,817 men died of old age and its attendant weakness, while 95,116 women survived to be thus registered. So far as the liability to "sudden death" is concerned, the figures stand 68.51 men to 52.60 women. The author makes the suggestive deduction from his studies, that wherever statistics

show a mortality among females much exceeding that among males, we can have "the greatest certainty that that locality demands the most earnest attention of the philanthropist. Vice and crime are rife there, and when a pestilence breaks out there, its devastations will be terrible."

Tobacco as a Heart Tonic.

What the Anti-tobacco league will do to Dr. Benham, of the West Riding Lunatic Asylum, we dread to contemplate. In the report of that institution, this writer has a paper on "The Action of Nicotine." He administered this substance to man and the lower animals, finding that it killed the latter, not by paralyzing the heart, but by stopping the respiration. Indeed, he says, it quickens and strengthens the heart's action, and recommends its use for that purpose. Another powerful weapon, truly, for the smoker, with which to repel the attacks on his favorite weed. He found nicotine to contract the pupils, but its other effects on man were most variable.

The Pupil in Chloroform Narcosis.

Dr. P. Coyne, in the *Gazette Medicale*, has called attention to the fact that the pupil of the eye affords an important indication in chloroformization. In the stadium of excitement the pupil dilates, but as the control over the reflex activity diminishes, it contracts more and more, until in profound narcosis it does not respond to any excitant. If emesis takes places, it dilates. In the most dangerous of all anæsthetic accidents, syncope of the heart, there is also a sudden dilatation of the pupil.

The Origin of Nerve Force.

A discussion between Herbert Spencer and Prof. Clerk Maxwell, on this subject, is given in the *Quarterly Journal of Science*, Jan., 1875. The former maintained that when the nerve impulse was expended, the nerves fall in temperature and are reinforced by instantly absorbing heat from the adjacent tissues. To this the Professor replied, rather caustically, that "those who believe in thermo-dynamics cannot admit that any purely material system can convert heat into work when the system and its whole environment are, at the commencement of the operation, at the same temperature. Heat can do work only when it passes from a hotter body to a colder."

Sterility in Women.

On this subject, Dr. Von Grunewaldt, of St. Petersburg, reaches the following conclusions:—

1. Sterility of women is a disturbance of the normal function of the sexual apparatus. 2. Conception forms only one link in the course of events by which the female provides for the propagation of the species. 3. A complete mechanical impediment to conception in the woman arises only in consequence of atresia in the course of the genital tract. 4. The point of difficulty in propagative activity in the woman, as far as the uterus is concerned, rests on the capability of the impregnated ovum for germination. 5. This capability depends exclusively on a certain degree of integrity of the consequent tissue of the uterus. 6. The part which ovulation plays in the process of propagation can be defined clinically, only rarely, or not at all.

Latest of Cundurango.

Last fall Dr. Riegel reported six cases of cancer treated with cundurango. According to the *Allgemeine Medicinische Centralzeitung* (No. 101), he found the drug a powerful stomachic, which occasionally benefited the digestion, but was wholly without influence on the progress of the disease.

Correspondence.

On Chloroform Narcosis.

Ed. Med. and Surg. Reporter:—

I read with great interest the paper by J. Marion Sims, in the Reporter of Sept. 26th, 1874, on Nélaton's Method of Resuscitation from Chloroform Narcosis, in which he gives the history of two cases of remarkable recovery from death; but I was surprised to see it claimed as being a mode of treatment unknown to American physicians prior to the publication of an account of it in American journals by Dr. Johnson, in 1861. Dr. Shuppert, in the *New Orleans Medical and Surgical Journal*, for Nov., 1873, reports three cases of a similar character, and treated in a similar manner, with results no less remarkable and gratifying than in the cases detailed by Sims, and in the same paper claims to be the first to adopt a rational treatment, by position, in accordance with a theory that the primary cause of death in such cases is due to anæmia of the brain, the earliest of his cases, so treated, being in 1864. The silence of the profession on this subject would lead to the conclusion that these statements are correct; and yet it would seem strange that, with the symptoms given, *i.e.*, those of profound syncope, low-

ering the head as a means of relief would not suggest itself to every intelligent physician. That it had been practiced prior to 1861 the following case will show:—

In 1854 a boy was brought to my office with staphyloma of the cornea, the result of injury some years previous. It being a proper case for the removal of a portion of the protruding tissue, I invited Dr. Charles McCloud to assist me, and the patient being placed half reclining in a large office chair, Dr. McCloud administered the chloroform. It was received kindly, and just as I was taking hold of the diseased cornea with my forceps, something in the unusual pallor of the face, or an exclamation from Dr. McCloud that the pulse was very feeble, caused me to desist. In an instant pulse and respiration had entirely ceased, and the boy was dead, in the sense in which this word is used by Sims. Having a bowl of cold water at hand, I dashed its contents freely in the face and over the chest, but without the slightest effect. I then tipped the chair back until the patient's head touched the floor, the body and lower extremities being elevated at an angle of 45 degrees. How long this condition of death, or syncope, continued, I cannot say—perhaps not longer than one minute—but it seemed to me ten times that long; long enough, anyhow, to make us think that he was dead, and beyond recovery. A long-drawn sigh, and a feeble flutter of the pulse, announced his return to life, and put an end to our anxiety; and in a short time I performed the slight operation intended, but without the further use of chloroform.

Since then, my experience in the use of anæsthetics has been that of the ordinary country practitioner, with the exception of two years' service in the Medical Department of the Army of the Cumberland, where I saw chloroform administered some hundreds of times with no bad results. Of course, I have seen many cases where the respiration ceased, the face became livid, and death seemed impending from apnœa, but in these cases the pulse did not cease, and pulling forward the tongue, and forcible compression of the chest, soon averted all apparent danger.

In writing the above I make no claim to originality, as I am quite sure that, if I did not see the same treatment practiced in Bellevue Hospital or City Hospital of New York, in 1851-2, I must have heard it suggested there as being the proper thing to do under the circumstances as given in the case above, or those detailed by Sims and Dr. Shuppert. If I am correct in this, hundreds of physicians besides myself must remember the fact. J. N. Beach, M. D.

West Jefferson, O., Jan. 26th, 1875.

Apparatus for Producing Passive Motion after Fractures.

Ed. Med. and Surg. Reporter:—

In the treatment of fractures, in the vicinity of joints, in the persons of children, though we may have secured perfect union, when passive motion should be practiced we sometimes are at a loss how to proceed. The use of anæsthetics are to be avoided whenever possible, and without them the alarm and distress of the child are annoying to the physician, and are apt to deter him from the efficient loosening up of a joint threatening to become permanently anchylosed. In two cases of the kind mentioned, I used, with satisfaction to all interested, the home-made apparatus about to be described.

Two pieces of sole leather were joined together, by means of saddler's rivets passing through their corners in such a way that they formed a pretty accurate covering for the posterior halves of the arm and forearm when bent at a right angle. To each end of this apparatus was attached, by means of cords, a cylindrical piece of wood about three inches in length, supplied with small wire staples to retain the cords in place. Then another cord passing around the centres of these sticks supplied the means of making traction from the wrist, and so, at will, flexing the arm. By the use of this simple device, in a few days I had the arm completely flexed, and was gratified to find that the motion of the arm, from a position of semi- to entire flexion, was perfect.

Next, the arm was to be brought to the straight position. Having conceived what I thought would answer my purpose, application was made to the village smith for its construction, but he declaring himself unequal to the task, I procured three corset steels, through which, by means of a brace, armed with a file ground to a point, several holes were drilled, and the whole secured with rivets, so as, in a manner, to make one piece. A half circle of strap iron riveted to each end served to keep it in place, when fitted to the inner side of the arm. Then by strapping the spring, from time to time, a little more firmly into the bend of the arm, in a few days my object was accomplished.

Afterwards, by the alternate use of the two devices, perfect motion of the joint was secured.

All will agree with me, that these were not wonderful inventions, yet, in my hands, situated as many practitioners are, without the means of obtaining special appliances, they answered an important purpose. W. A. Townsend, M. D.

Abingdon, Illinois.

Chloroform in Cholera.

Ed. Med. and Surg. Reporter:—

In the Reporter of Jan. 23d, 1875, Dr. Hinton gives us his valuable experience in the use of chloroform in congestive chills.

The following case may be of interest in this connection. Sept. 6th, 1873, was called in great haste to visit William Sutton, aged 56, reported to be dying. Found him with all the symptoms of the collapsed stage of cholera. Had been sick sixteen hours, vomiting, purging and cramping, and the discharges were now like rice water. Patient cold as death, no pulse, spasms, and the friends said he could not swal-

low. With the aid of an assistant, applied chloroform to stomach, abdomen, back, wrists and ankles, holding the hand on each part as long as the patient could bear it. Then gave fifteen-drop doses in hot water every fifteen minutes, till reaction was established, which was less than an hour, and the patient made a rapid recovery, and to this day blesses "that hot stuff that saved my life."

To Dr. Hinton's four indications fulfilled by it, viz., "It allays nausea and vomiting, pain in stomach, equalizes circulation and harmonious reaction," I would add, in collapsed stage of cholera, 5. Allays all spasmodic action of the muscles and cramping. 6. It relieves, as by magic, that intolerable feeling indicated when the patient exclaims, "O my back; my back! it will break."

I have used chloroform for many years in bilious, flatulent and hepatic colic, both internally and topically, with very happy results.

For "stitch in the back" and pleurisy, it has no equal. The application is with a teaspoonful in the hand applied to the part and held as long as the patient can bear. S. KEITH, M. D.

Mechanicsville, Iowa, Jan. 30th, 1875.

NEWS AND MISCELLANY.

Society Elections.

—The physicians of Southern Illinois met at Jonesboro, Jan. 20th, and organized the Southern Illinois Medical Association."

The following officers were elected for the ensuing year:—Dr. H. C. Hacker, President; Drs. McLain and Wardner, Vice Presidents; Dr. G. W. Schuchardt, Secretary; and Dr. W. C. Lence, Treasurer.

—The Butler Co. Pa., Medical Society convened at Parker City, Jan. 25th, and elected the following officers:—

President, Dr. S. Bredin, of Butler; Vice President, Dr. Clark, of Whitestown; Secretary and Treasurer, Dr. Towler.

Items.

—A physician in Cincinnati reports a successful operation for vesico-vaginal fistula. The curious part of it is, the patient was his own mother.

—This winter, in Florida, has been very unfavorable to invalids. In December and January there were heavy rains and dense fogs. Early in February a change of 35° took place in twenty-four hours at Pilatka.

—The annual catalogue of the Jefferson Medical College has been recently issued, by which it appears that the number of students in attendance during the session 1874–5, was 483, the largest class assembled in Philadelphia since the war. The class of the previous session, 1873–4, numbered 473, and was the largest for that year in the United States.

—The "Little Tariff Bill," just become a law, contains a provision, introduced by Representative Myers, repealing the stamp tax on medicinal preparations. The tax on proprietary or patent medicines remains in force.

—Last week the mortality in Philadelphia was as follows:—Males, 180; Females, 175; boys, 87; girls, 80: total 355. The number of deaths, compared with corresponding week of 1874 and of the week previous, was as follows:—

Week ending February 21st, 1874, was 292.
Week ending February 13th, 1875, was 361.

—For popular medical science commend us to the daily papers. From a copy of that excellent sheet, *The Star*, of this city, we learn that a new method of embalming has been discovered in California. "No removal of any organ is required. The operation consists of the injection of a prepared liquid, with a hypodermic syringe, into the vena cava, and an external application of certain drugs." !!

—The following is said to be the inscription on a tombstone at Fredericksburg, Va. "Here lies the body of Edward Helder, practitioner in physic and chirurgery. Born in Bedfordshire, England, in the year of our Lord 1542. Was contemporary with, and one of the pall-bearers to the body of, William Shakspeare. After a brief illness his spirit ascended, in the year of our Lord 1618, aged seventy-six."

—The average number of cigars smoked in the United States during each twenty-four hours is 5,168,000. The tobacco users bear the burdens of government with an amount of patience and philosophy which must be conferred upon them by the soothing weed. They paid, through importers, $6,150,060.41 gold to the government, last year, in the shape of import duties, and $33,242,875.62 through manufacturers, on account of taxes.

—The Report of the Pharmaceutical Board of this city states that of seventeen applicants for certificates as qualified druggists, ten, or considerable more than one-half the number, were refused certificates, on account of their "lamentable ignorance." The clerks who were examined turned out better, but serve also to show the necessity of some supervision over the trade, for of fifty-three examined, only thirty-eight obtained certificates as qualified assistants.

—It is a sad thing for husband and wife to hold discrepant medical views. A Detroit policeman reports that he noticed on his beat a house with two broken windows. He looked through one of them, and saw a man on the floor with a broken and bound up head, while furniture and fragments were heaped about him. Inquiring as to the origin of the ruin, he was answered by a woman with a baby in her lap: "You see that man there? Well, he's my husband. Baby's sick. He said 'give her castor ile.' I said, 'Give her goose grease.' There he lays!"

—The Royal Life Saving Society of Belgium has arranged to have an international exhibition of life saving machinery and appliances for safety, ventilation and health, which will be held at Brussels, in June, 1876. The machinery and apparatus to be exhibited are divided into nine classes, viz., for saving of life in case of fire; in case of shipwreck and drowning; in case of accidents from locomotion on roads and railways; in case of war; for health and sanitary measures; for health and ventilation in mines, factories and workshops; for household and private hygiene; for institutions, associations and societies organized for improving the condition of the working man; and for medicine, surgery and pharmacy in their relation to the above classes.

Personal.

—Dr. R. A. Kinloch has retired from the editorship of the Charleston *Medical Journal and Review*.

—Professor Thierry, of Brussels, having lately been promoted to the grade of officer of the Order of Leopold, received quite an ovation from the students on his first subsequent visit to the Hospital.

—Dr. Louis Remy Aubert-Roche, formerly chief medical officer to the Suez Canal Company, during its construction, and celebrated as an Epidemiologist, died in January, in his sixty-fifth year.

QUERIES AND REPLIES.

Medical Ethics.

Dr. W., of Pa.—"1. Dr. A. insists he has a right to see Dr. B. in consultation whenever the latter's patients desire it, and tells them to send for him to meet Dr. B. without notifying the latter. Is he right? 2. Can a physician, after selling his good will for a valuable consideration, rightfully resume his practice again?"

Replies.—1. Dr. A. violates all laws of propriety by such action, and should be censured. 2. A physician selling his good will may be bound up not to practice in the immediate vicinity (say within a radius of ten miles) for a limited time (say five years), and the courts will sustain the agreement. They will *not* sustain an agreement binding him *never* to practice in the vicinity, or not to practice at all. Such agreements have been ruled against public policy. We can give several references to the Pennsylvania *Reports* to show these decisions, if desired.

Cream of Camphor.

Dr. E. P., of Ohio.—The following recipe may be used:—

R.—Unguent aquæ rosæ,	ounce j;
Camphoræ pulvis,	drachm j.

Misce bene.

Dr. E. M. N., of Ga.—The axilla thermometer you have used is one of the best. Few self-registering thermometers are durable.

Diphtheria and Scarlatina.

Dr. B. F. R., of Mo.—"Is the exudation in the throat, in scarlatina, of diphtheritic character? I do not believe so."

Reply.—We must differ from you. Prof. Steiner, for example, whose work on *Diseases of Children* is one of the latest and also one of the best on pathological points, says: "In some epidemics, and under individual idiosyncrasy, the sore throat may take on a croupo-diphtheritic character" (p. 340). The absorption of the detritus of this exudation produces what he calls "diphtheritic septicæmia."

An Anomaly.

Mrs. K., nearly 40 years old, was advised to make daily use of cinnamon bark, as a remedy for "flashes," which she did for two years. Obstinate constipation, subacute glossitis, and a sensation, described as rags attached to the tip of the tongue, became so intolerable that she applied to me for relief. I have succeeded in re-establishing the normal functions of the bowels, but the unruly member is too much for me. I have tried nearly everything, and still the organ remains indurated and painful, though better. The circumvallate papillæ are very prominent, and beneath the raphe is the greatest pain.

Cannot some of your many readers tell me what to do in this case? A. D. BINKERD, M. D.

OBITUARY.

DR. EDWARD DELAFIELD, LL.D.,

Of New York City, died February 13, aged 81 years. He was born in the city where he lived and died, and was a graduate of Yale College, Class of 1812. His diploma was awarded him by the College of Physicians and Surgeons, N. Y. In 1821 he was prominent in organizing the New York Eye Infirmary. In 1825 he was appointed Professor of Obstetrics in the College whence he had his diploma, and in 1838 was elected President of the College. For very many years he enjoyed a large practice among the wealthiest families in New York, and not only accumulated a large fortune, but enjoyed the esteem both of the profession and the public.

MARRIAGES.

DAVIDSON—COHEN.—On Tuesday, Jan. 19, 1875, at Quincy, Ill., by the Rev. Isaac Moses, at the residence of Martin Joseph, Esq., uncle of the bride, Miss Johanna Davidson, daughter of J. D. Davidson, Esq., of Scharmbeck, Germany, and Dr. L. H. Cohen.

WRIGHT—GATCHELL.—On Dec. 4th, 1874, by Rev. Robt. Gamble, Dr. J. S. Wright and Miss Mary H. Gatchell, both of Gatchellville, York Co., Pa.

DEATHS.

DIVELBLISS.—After an illness of nine days, on Sunday evening, January 31st, 1875, of pneumonia, complicated with heart disease, Jennie E., wife of Dr. S. B. Divelbliss, of West Point, Mo., aged 29 years, 5 months, and 9 days.

WHITE.—In New York City, Feb. 2d, of pneumonia, Edward White, M.D., in the 36th year of his age. He was graduated from Bellevue Hospital Medical College in 1865, and had acquired a lucrative practice at the time of his death.